

**Arts and Culture Online Directory
Application Form**

Arts
Resources
Department
City of El Paso



Organization/individual name: _____

Contact Person: _____

Street Address: _____

City _____ State _____ Zip _____

Telephone () _____ Fax () _____

Email _____

Category (please select only one):

Local arts presenters/producers _____ Arts organization _____ Museum _____

Gallery _____ Visual arts organization _____ Visual artist _____ Music organization _____

Music group _____ Musician _____ Theater organization _____ Actor/Actress _____

Dance group _____ Dancer _____ Venue/facility _____ Other (specify) _____

Description of Services: _____

APPLICATION MAY BE SUBMITTED VIA MAIL, EMAIL OR FAX

MAIL:

Arts Resources Department
Online Arts and Culture Directory
2 Civic Center Plaza, 6th Floor
El Paso, Texas 79901-1124

EMAIL:

gutierrezlg@ci.el-paso.tx.us
Subject: Online Arts and Culture Directory

FAX: 915.541.4902